

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 616782000100																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Martin A. VAN DER HOEVEN</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/725,997</td> <td style="padding: 5px;">Filed December 3, 2003</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For ABDOMINAL EXERCISER WITH ELECTRONIC COACHING DEVICE</td> </tr> <tr> <td style="padding: 5px;">Art Unit 3764</td> <td style="padding: 5px;">Examiner G. E. Richman</td> </tr> </table>			In re Application of Martin A. VAN DER HOEVEN		Application Number 10/725,997	Filed December 3, 2003	For ABDOMINAL EXERCISER WITH ELECTRONIC COACHING DEVICE		Art Unit 3764	Examiner G. E. Richman								
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<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 270.00</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u>.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.</p> <p>I am the</p> <table style="width: 100%;"> <tr> <td style="width: 60%;"><input type="checkbox"/> applicant /inventor.</td> <td style="width: 40%; text-align: center;"><u>/Kaare D. Larson/</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Signature</td> </tr> <tr> <td><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td style="text-align: center;"><u>Kaare D. Larson</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Typed or printed name</td> </tr> <tr> <td><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>51,920</u></td> <td style="text-align: center;"><u>(858) 720-5163</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Telephone number</td> </tr> <tr> <td><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</td> <td style="text-align: center;"><u>January 8, 2010</u></td> </tr> <tr> <td></td> <td style="text-align: center;">Date</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			<input type="checkbox"/> applicant /inventor.	<u>/Kaare D. Larson/</u>		Signature	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>Kaare D. Larson</u>		Typed or printed name	<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>51,920</u>	<u>(858) 720-5163</u>		Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____	<u>January 8, 2010</u>		Date
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